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UCSF NEWS

THE FRANCIS I. PROCTOR FOUNDATION

TOXOPLASMOSIS

Toxoplasmosis has become a familiar word to the general public because of news articles that appear periodically which feature the cat as a household hazard because of its role in the infectious cycle of this disease.

Although toxoplasmosis is widespread among man and warm-blooded animals, it generally causes very few symptoms unless it happens to affect the eye or the central nervous system.

Since Toxoplasma may attack the retina of the eye, particularly in persons afflicted by the congenital form of the disease, toxoplasmosis has been the subject of intense studies by various members of the Francis I. Proctor Foundation for Research in Ophthalmology and the Ophthalmology Department at UCSF. Just how Toxoplasma damages cells of the retina is the subject of an extensive investigation that is being conducted by Dr. G. Richard O'Connor, Director of the Foundation.

It is estimated that about 30 percent of the adult population of the Bay Area has circulating antibodies against Toxoplasma. This indicates that these individuals have experienced infection with the parasite, but only a very small percentage of this group has ever had any symptoms related to the disease.

Risk to Pregnant Women

How does one acquire this infection and how widespread is it? The only well-established mode of transmission is via the placenta. Women of the child-bearing age who become infected during pregnancy stand about a 40 percent chance of transmitting it to their unborn child. If infection occurs early in pregnancy, the chance that the disease will affect the eyes or brain of the fetus is greater than if infection occurs late in pregnancy. As with rubella (German measles), the woman who has had the disease prior to pregnancy is protected against acquiring it during pregnancy. Therefore, it is of some advantage to have had the disease in an asymptomatic form prior to pregnancy.

About five years ago, researchers in Denmark discovered that the cat is the definitive host of *Toxoplasma gondii,* a tiny, crescent-shaped parasite. This parasitic organism becomes sexually mature in the intestinal tract of the cat and, after mating, produces oocysts that are shed in the feces of the cat. These oocysts become infective after lying on the ground for about four days. Children who eat "mud pies" or who play in sand boxes frequented by cats may acquire the disease by hand to mouth transmission, but again, no eye disease is known to have been contracted by this mode of infection.

Cats that are fed processed foods and are kept strictly within rodent-free quarters are not at risk for the acquisition of toxoplasmosis. Only those that forage for food . . . particularly for birds or rodents that may act as intermediate hosts . . . are likely to have the infection.

Infection Through Meat

While infection across the placenta probably accounts for the majority of disease, other modes of infection have been demonstrated. The ingestion of uncooked meat harboring the cysts of Toxoplasma has resulted in the establishment of infection, though no eye disease has ever been detected in individuals so infected. Since a wide variety of animals used for domestic meat production harbor the parasite in their skeletal muscle, the eating of raw meat constitutes a definite health hazard. Fortunately, beef is much less often infected than lamb or pork, but ground meats are often adulterated with products of different animal origins, particularly in the hands of unscrupulous butchers. It has also been established that flies and other insects can transmit the infectious organism to man and other animals.

The woman of child-bearing age is the special object of concern here, particularly if it has not been determined whether or not she has antibodies to Toxoplasma. Dr. O'Connor recommends that such women refrain from eating "steak tartare" during pregnancy, for if they acquire the disease at this time they stand a good chance of passing it on to their fetus. He also suggests that pregnant women whose antibody status has not been determined would do well to let their husbands dispose of the kitty litter; even grossly infected house cats usually appear to be quite healthy.

Toxoplasma and the Eye

The Toxoplasma is a one-celled organism like an amoeba or a paramecium. As with other protozoa, Toxoplasma is capable of locomotion in the free-swimming stage of its life-cycle, but once released into the outside environment, it must quickly gain access to another host-cell and invade it. Like viruses, Toxoplasma is an obligate intracellular parasite; that is, it can live only on the food products it derives from other cells.

There are several theories about how Toxoplasma attacks the retina which are currently being explored.

One theory states that Toxoplasma can destroy retinal cells only by direct invasion of those cells. Another ascribes part of the damage to hypersensitivity (allergic reaction) to the organism. A third theory suggests that toxins (poisons) liberated by the parasite destroy the retinal cells.

One way or another, toxoplasmosis causes massive cell death (necrosis), usually in the very center of the retina. Since this central portion of the retina (the macula) contains most of the cells necessary for the relay of sharp images to the brain, toxoplasmosis renders thousands of patients legally blind (with a visual acuity of 20/200 or less) every year.

A Long-Lived Parasite

Toxoplasma's long life in the tissues of the eye and brain is due, in part, to the fact that the parasite can round up to form a thick-walled cyst. The encysted form of the parasite is the form in which it hibernates; that is, it requires very little in the way of nutrients during this phase of its life.

The Toxoplasma cyst also attracts very little, if any, inflammatory reaction, and is not preyed upon by macrophages and other cellular scavengers that would normally protect the tissues against microorganisms. The cyst wall cannot be penetrated by most antibiotics, so it is very difficult to eradicate the organism from the majority of chronically infected individuals. This is one of the main problems confronting those who deal with the eye disease caused by Toxoplasma. Chronically infected individuals have been found to harbor the cysts of Toxoplasma in their retinas for years. Periodically these cysts break down in the retina, releasing organisms which can proliferate anew in adjacent cells. The result of this breakdown of cysts is a recurrent inflammation that is unpredictable in its onset and disheartening in its course. Victims of the recurrent form of the disease lose a little more retina with each successive attack until the macula or other areas of the retina that are vital for sharp vision are finally destroyed.

Hypersensitivity to Toxoplasma

The role that hypersensitivity may play in the recurrent form of the disease is being explored by Dr. O'Connor. The Toxoplasma organism is possessed of at least five different antigens, each of which may provoke the formation of a different antibody. These antibodies can be detected in the serum of infected individuals, where they seem to serve the function of keeping the blood-stream clear of free-swimming organisms. But antibodies serve very little protective function in the tissues. It appears that specifically sensitized cells (lymphocytes interacting with macrophages) provide the major protection here.

Supported by grants from the National Institutes of Health, the John A. Hartford Foundation, and Research to Prevent Blindness, Inc., Dr. O'Connor has extracted an antigen from the surface membrane of the Toxoplasma parasite that appears to play an all-important role in evoking reactions from fighter cells that attack the organism. This antigen is largely composed of carbohydrates (sugars) rather than proteins, a quality that aided the investigator in separating this antigen from its counterparts. Through the use of this antigen Dr. O'Connor ultimately hopes to develop a form of vaccine that will supply a means of increased protection against the ravages of the organism.

Dr. Hogan's Pioneer Work

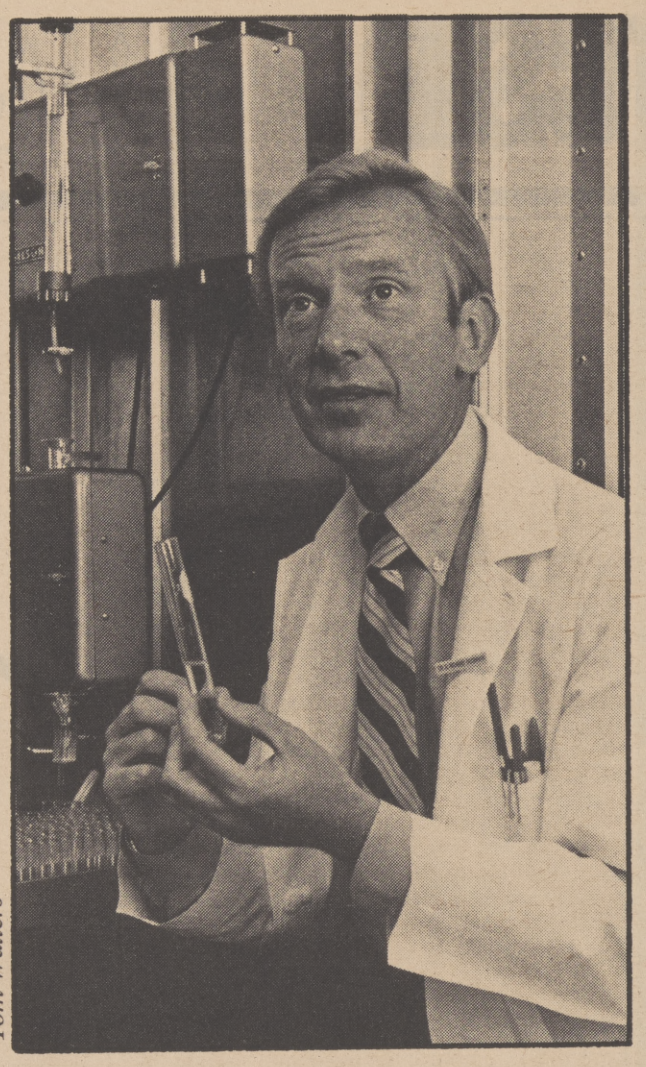
The pioneering work of Dr. Michael J. Hogan, former Director of the Proctor Foundation, on toxoplasmic infections of the eye set the stage for many of the investigations that have since come out of the Proctor Foundation. Working with Dr. Samuel J. Kimura and others, he observed large numbers of patients with ocular toxoplasmosis, tested them serologically, and observed their clinical course. In rare cases where the patient's eye actually had to be removed because of intractible pain or disfigurement, Dr. Hogan and his colleagues were able to make isolations of the Toxoplasma by injecting the eye tissue removed at surgery into susceptible mice. In this way the cause of the ocular inflammation was proved. In one particular case of congenitally acquired toxoplasmosis, Dr. Hogan was able to isolate the parasite from a patient's eye 21 years after he had initially acquired the disease from his mother.

With Dr. Chieko Yoneda and Dr. Norishige Ogino, Dr. Hogan also was one of the first to explore the ultrastructural anatomy of the parasite.

A Disease Model to Develop a Cure

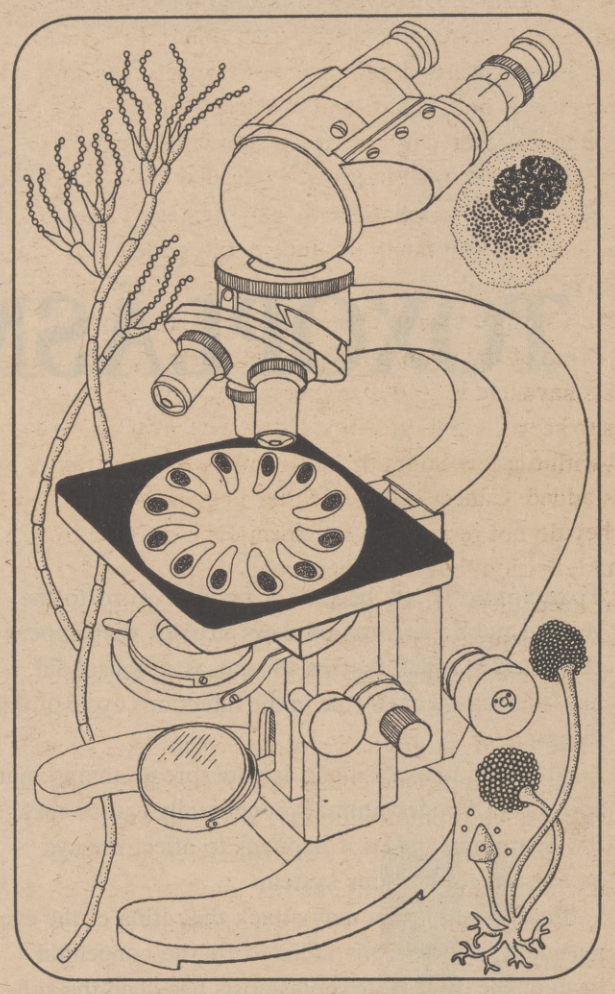
Working with Dr. Robert Nozik of the Proctor Foundation, Dr. O'Connor established a model for ocular toxoplasmosis in the rabbit in 1968. By passing a fine needle around the back side of the anesthetized rabbit's eye, Dr. O'Connor was able to inject a small quantity of living organisms between the retina and choroid (underlying pigmented layer) of the eye. As the infection took hold, the lesion produced in the back part of the eye could be observed with an ophthalmoscope and photographed with a fundus camera. The natural course of the disease could be followed in this way, and medications that might influence the course of the disease could be tested. Working with Drs. Khalid Tabbara, Robert Nozik, and Jane Blackman, Dr. O'Connor has recently found that the new antibiotic clindamycin has a profound effect on Toxoplasma infections and may ultimately provide a cure for the disease.

Although Dr. O'Connor is hopeful that vaccination procedures or global treatment programs may eventually reduce the prevalence of the disease in both cats and man, the problem is much too great for public health authorities to cope with at present. For the moment it would seem that the development of programs to screen the blood of pre-marital women for Toxoplasma antibodies might represent the best approach to the prevention of congenital disease, and it is this form of the disease that is most significant for the loss of visual function.



Tom Walters

Dr. G. Richard O'Connor, Director of the Francis I. Proctor Foundation for Research in Ophthalmology, explains some of the techniques used to seek the causes and cures of eye diseases, particularly those that cause blindness.



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Discovery of Growth Molecule

Researchers at UCSF recently announced their discovery of a simple molecule in blood serum that stimulates growth and survival of mammalian cells. This finding may provide a clue which will lead to a better understanding of the way cells multiply, thus aiding research in cancer and developmental biology.

The investigators are research biochemist Lorn Pickart, Ph.D.; Associate Professor of Pediatrics, M. Michael Thaler, M.D. and a medical student, Loyd Thayer, who began working on the growth factor while still an undergraduate at Berkeley.

"Our work represents the first isolation and characterization of one of the growth-promoting factors known to be present in blood," says Dr. Pickart.

"This molecule has the potential of being extremely useful in studies of the control of growth—normal and abnormal. Discovery of this simple compound, which can be readily synthesized, may represent the first step toward developing new types of agents which can both retard and accelerate growth; that is, chemicals that can retard the growth of cancers, or enhance growth in growth-retarded children."

Dr. Thaler emphasizes that the realization of this potential is still far in the future, but added . . . "this small molecule may fit like a key in the lock of a cell's surface to stop or start the cell's growth."

One of the main problems biologists and biochemists have had in studying mammalian cells "in culture" is to keep the cells growing. Normal cells die quickly —within a few hours or days—unless blood serum is added. Cancer cells are easier to grow because they do not respond to the normal controls on growth and division; but even these require special additives to keep them growing—usually blood serum. For years scientists have been seeking to identify the components in these additives that actually stimulate growth.

The UCSF group has isolated a peptide, a small protein-like molecule comprised of just three amino acids, which promotes growth. When tiny amounts of this peptide are added to cancerous liver cells maintained in culture conditions that limit growth, there is a stimulation of nucleic acid synthesis and cell division.

Chemical studies of the peptide showed that it contained the amino acids lysine, glycine, and histidine, but did not reveal the order in which they were linked. Now, however, the team has synthesized peptides which are similar to the serum peptide and these synthetic compounds also are biologically active. This work suggests that there exists a new class of small molecules in human serum which may regulate cellular growth.

This research is supported by grants from the California division of the American Cancer Society and the National Institutes of Health.

Joan Spiegelhalter

Emergency Medical Care Saves Lives

The role of the ordinary citizen in saving victims of heart attacks and accidents can't be underestimated. With proper training in cardiopulmonary resuscitation and emergency cardiac care, lay persons could save countless lives, emphasizes Dr. Michael W. Chapman, Chairman of the Annual Advanced Course on Emergency Care and Transportation of the Sick and Injured, that was held Sept. 12-14 on the UCSF campus.

Approximately 300 Emergency Medical Technicians, other paramedical personnel, and nurses and doctors from all parts of the western United States are enrolled as students or instructors in the course, sponsored by the American Academy of Orthopaedic Surgeons.

"The course, limited this year to persons with experience and previous training in rescue and emergency care, respresents just one facet of a large scale, nationwide effort to train individuals at all levels in emergency life support procedures," says Dr. Chapman, Assistant Chief of Orthopaedic Surgery at SFGH.

Sudden death from heart attack is one of the most important medical emergencies today. More than 650,000 Americans die each year from heart disease and 350,000 of these deaths occur outside the hospital. According to conservative estimates, about 50 percent of these victims could be saved through prompt and appropriate treatment.

In addition, many who die as a result of accidents such as drowning, electrocution, suffocation, drug intoxication, or automobile accidents, could be saved by the prompt and proper application of cardiopulmonary resuscitation and emergency medical care, as well as the control of bleeding when this is involved.

"Once a person stops breathing, it is a matter of minutes before irreversible brain damage occurs," says Dr. Chapman. "Everyone should know how to properly perform mouth-to-mouth resuscitation and heart massage in order to maintain life until the ambulance arrives."

Although these techniques are not difficult to learn, they must be practiced from time to time in order to be effective, he emphasizes. Every adult and young person should take the standard and advanced American National Red Cross First Aid courses, followed by the Cardiopulmonary Resuscitation course sponsored by the American Heart Association. Refresher courses should be taken regularly, Dr. Chapman advises.

Large scale public education in CPR (Cardiopulmonary Resuscitation) and ECC (Emergency Cardiac Care), are a current goal of the American Heart Association and the National Academy of Sciences. In addition, the California Department of Transportation is now required by law to provide Emergency Medical Technician courses for all ambulance stewards. Firemen, policemen, lifeguards and others involved in rescue service are also being urged to take the courses.

These measures can reap dramatic results in saving lives when combined with improved emergency communications, transportation by modern, well equipped ambulances, and the highest quality of emergency hospital care.

Claire Wray

Information about first-aid and emergency care courses in San Francisco may be obtained as follows:
Standard and Advanced First-Aid Courses
CALL American National Red Cross, Golden Gate Chapter, 776-1500.
Cardiopulmonary Resuscitation Instruction
CALL the Heart Association of San Francisco, 982-5753.
Emergency Medical Technician Training
The official EMT course is offered by John Adams Adult School to a limited enrollment at present. Call the school, 346-7044.

Mothers and Defective Babies

During pregnancy, most women have a fear—usually suppressed and surfacing in dreams—that the baby they are carrying might not be normal. At the infant's birth their first question usually is: "Is it all right?"

In about 95 percent of births, the answer is yes, the baby is fine. But how do mothers cope when, in fact, their child does have a visible defect?

Five such women were studied intensively over a three-month period by Dr. Ramona T. Mercer, R.N., Ph.D and Assistant Professor in the School of Nursing's Department of Family Health Nursing at UCSF. Dr. Mercer states: "Their response to this very difficult crisis was predominantly positive."

She approached these new mothers as a graduate nurse concerned with their problems as the mothers of babies with a congenital defect. During the first eight days after the baby's birth, there were daily interviews, then Dr. Mercer made weekly visits for the first month thereafter, and 13 follow-up visits to the home through three months.

"It is extremely important to allow the mother to ventilate her feelings and to talk about her problem," says Dr. Mercer, "and nurses are in a good position to be of great help by fully accepting her feelings." Dr. Mercer also recommends close follow-up visits by a nurse during the first three months of the baby's life.

Dr. Mercer found that warm mothering of their babies took place despite the mothers' emotional reactions of shock, grief, and fears for the future. Understandably, the mother's adjustment to her difficult role requires a great deal of emotional support, especially from her husband, and from relatives and friends. She

has the gigantic task of altering her self-concept of being the mother of a normal baby to that of the mother of a baby with a defect. It does not help to tell her to "Buck up," "Be brave," or "We all have a cross to bear." By being allowed to express her feelings with an empathetic, understanding individual, the mother herself will come to acceptance of the situation and the determination to make the best of it, not only for the baby's sake but for herself and her family.

"These mothers want to be told immediately all the facts regarding their child's defect," says Dr. Mercer. "At first they may ask the same questions over and over because they are in a state of shock." They demand honest answers regarding the extent of the defect and what may be done surgically or medically to correct it. They also want their husbands to learn the facts from the doctor, not from themselves. After the initial shock fades, they begin to cope with the reality of the situation, to hope, and to plan for the baby's future.

Nevertheless, the mother's emotional reactions see-saw between hope and despair. Anger is pervasive, but it is directed at her plight, not at the baby. Expressions of anger help her fight despondency, and she may become very critical of hospital personnel and services or of relatives. "Coming to positive and hopeful feelings does not follow a consistent course," says Dr. Mercer. "The effects of grief and discouragement tend to recur throughout the three months of observation."

Guilt reactions follow early. The mother has a real need to relive in her mind what might have transpired during her pregnancy to cause the defect; then to search through her and her husband's family histories to find explanations.

She becomes extremely sensitive to the way her husband, relatives, and hospital personnel respond to seeing the baby. If she detects any signs of aversion her grief and depression are intensified. She may withdraw temporarily from facing her problem by not touching, looking at, or talking about the baby.

Some of the women revealed that one of the most comforting things for them was the loving way their other children responded to the baby.

"These mothers will also need a consistent person in their life—whether a family doctor, social worker, or nurse—to help them coordinate their child's medical and surgical treatment and to offer empathy and understanding of what they are going through," says Dr. Mercer.

Dr. Mercer's work is an example of how the School of Nursing is endeavoring to improve patient care by helping patients confront and master the emotional trauma inherent in facing serious illness and deformity.

Joan Spiegelhalter

Award

Drs. Ellen Simpson, Assistant Clinical Professor of Pediatrics, and John J. Kelly, Clinical Professor of Medicine, were each given the Bronze Distinguished Service Medallion from the San Francisco Heart Association. The awards were given for distinguished volunteer service .

For Safe and Effective Use of Drugs

The clinical pharmacist has a central role in the mounting effort to ensure safer and more effective use of prescription drugs.

In consultation with the physician, this trained, knowledgeable member of the health care team is in a position to instruct the patient on how, when, and why to use a specific drug. When armed with information on a patient's total drug therapy—such as other medications used at present and in the past, or evidence of allergies—the pharmacist often can prevent avoidable adverse drug reactions.

Various forms of patient counseling have been tested for several years at UCSF by the Department of Pharmaceutical Services and the School of Pharmacy. Now they are being built into a comprehensive system which will include many inpatient and outpatient pharmaceutical services designed for the highest quality of patient care.

Effectiveness of the overall system will be greatly enhanced by the installation, currently underway, of the Department's own "mini-computer" to facilitate the recording of patient information, patient billing, inpatient drug distribution and inventory control. Conversion of these operations to the computer is expected to be completed by early 1975.

Meanwhile, the new Ambulatory Care Center is designed with a central pharmacy on the main floor and "satellite" pharmacy stations directly above on five clinic floors. A letter drop is being installed so that prescriptions ordered on the clinic floors may be sent promptly to the central pharmacy to be filled and picked up by the patient as he leaves.

Within a few months, it is anticipated that pharmacists at each satellite station will be reviewing drug history questionnaires filled out by all patients who receive prescriptions, as well as instructing patients in the use of drugs, and consulting with physicians on the appropriateness of the patient's medication. These services are limited, at present, to patients selected at the discretion of the physician.

Since 1966, inpatient counseling by members of the Department and School of Pharmacy has been tested through a satellite pharmacy located on the ninth floor of Moffitt Hospital. More recently, patients on Moffitt Hospital's tenth floor have been participating in a project of administering their own medications according to the correct regimen. This project, under the guidance of nurses, helps to encourage the patient in independent self-care while he is in the hospital and to ensure that he will continue to use drugs correctly after he is discharged.

The need for such programs is underscored by surveys which have shown that as high as 50 to 60 percent of patients receiving drugs fail to use them according to the proper regimen.

In addition to these important patient-oriented programs, Donald F. Beste, Assistant Dean and Director, Pharmaceutical Services lists other ways in which the department is helping to enhance the quality of care:

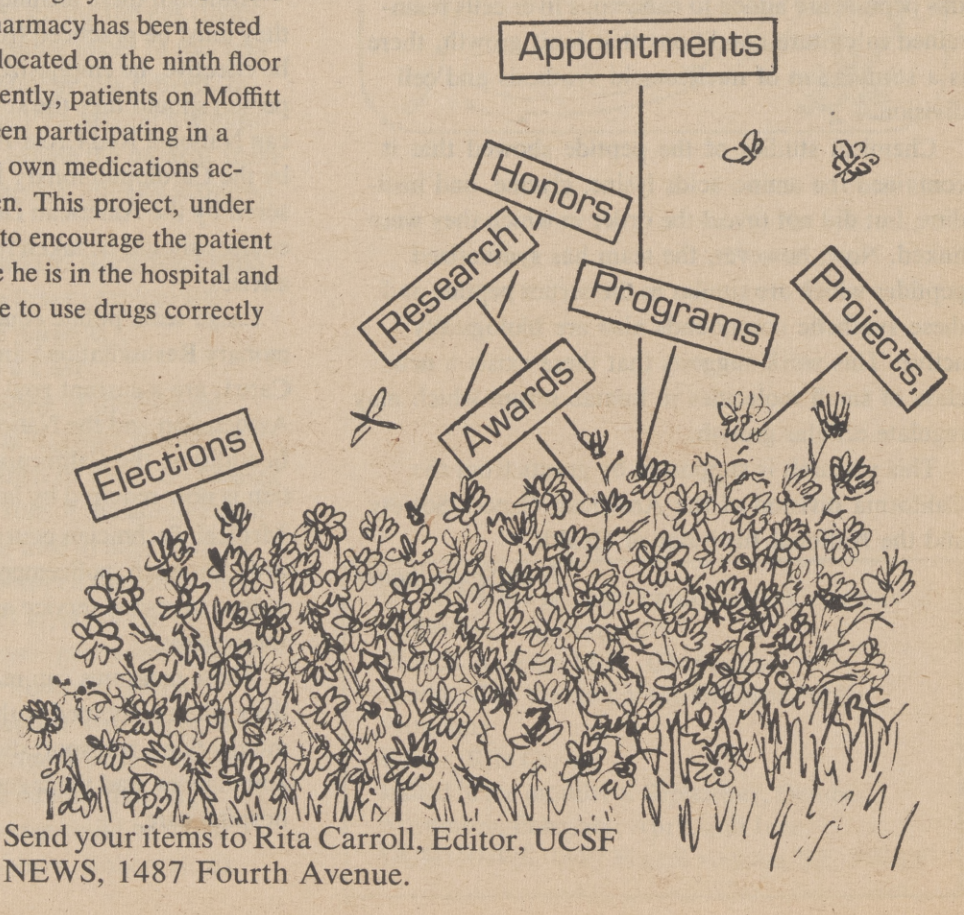
Conversion to a total inpatient Unit Dose drug distribution system is more than 50 percent completed. The Unit Dose system involves day-by-day preparation and distribution of given amounts of specific drugs prescribed for the patient. The system represents a safeguard against error and waste and aids inventory control.

Development of a central Intravenous Additive program to serve all patient areas is underway. Pharmacists, working in a special germ free area, add various medications to I.V. solutions, as prescribed by physicians. These solutions, often more effective in treating patients than other forms of medication, will be delivered in plastic bags, via a pneumatic tube system, to a central distribution area in the hospitals. The central program will be operating by January, 1975.

The UCSF Drug Information Analysis Service, a valuable resource for Northern California physicians, has moved into new quarters on the first floor of the Ambulatory Care Center. It is estimated that more than 60 percent of all physicians in this area turn to this center, for help in solving drug related problems.

UCSF has the largest hospital and clinical pharmacy program in the United States, with 15 resident pharmacists enrolled. This program is accredited by the American Society of Hospital Pharmacists and has served as a major source of new faculty members and clinical pharmacy practitioners for other schools of pharmacy and medical centers across the country. The pharmacy residency program is headed jointly by by Mr. Beste and Dr. Eric T. Herfindal, Chairman, Division of Clinical Pharmacy, UCSF School of Pharmacy.

Claire Wray



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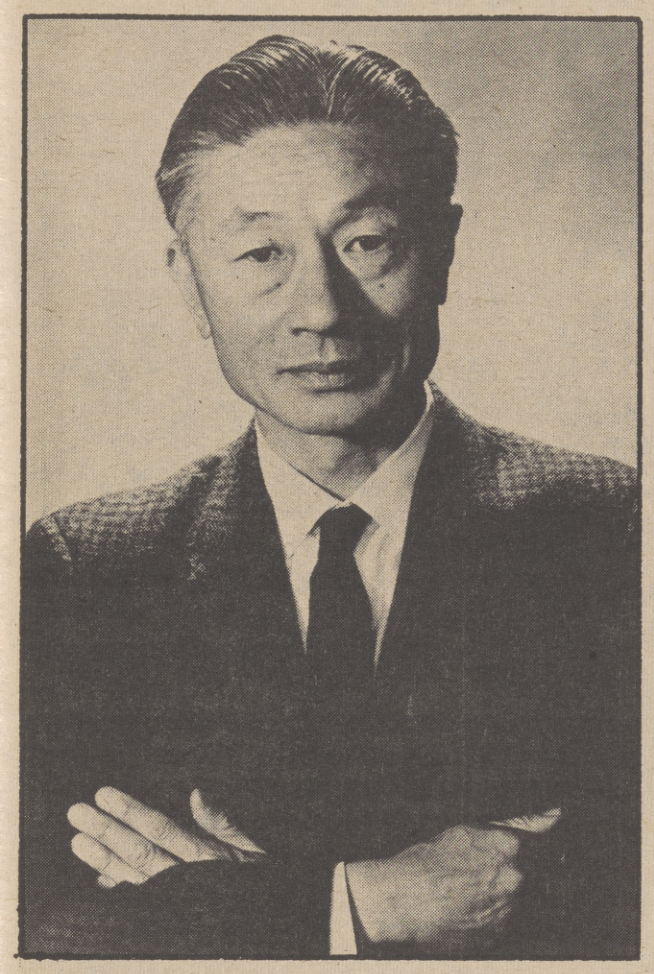
Dr. Henry Moon Dies



Dr. Henry D. Moon, Chairman and Professor of Pathology and Division of Forensic Pathology, who died August 2 after a long illness.

Dr. Henry D. Moon, Professor of Pathology and of Forensic Pathology and Medicine, Emeritus, and Chairman of the Department of Pathology at UCSF, died on August 2 after a long illness. He was 59.

Dr. Moon's entire career was spent in service to the University of California, from which he received his higher education, and to the city of his birth, San Francisco, where for 27 years he was Chief Pathologist in the Coroner's Office. Beyond this, Dr. Moon was internationally known for his research on pituitary gland hormones and on arteriosclerosis in man and experimental animals.

He was a quiet, reserved man, but to his staff, friends and colleagues he left an ineradicable impression of deep affection and the highest respect.

"He was a marvelous human being," says Dr. Oscar N. Rambo, Acting Chairman and Professor of the Department of Pathology at UCSF. "The best memorial to him is the small but strong, unified department he built during his 18 years of leadership." Dr. Moon's unusual ability to identify talented teachers and to delegate responsibility for the Department's formal courses resulted in continuous improvement and an enviable record of achievement in this area.

Dr. Moon also served as a catalyst for the excellent research accomplishments for his staff. In the area of service he was always available for consultation and advice.

He taught and was a Research Assistant in the Department of Anatomy at UC Berkeley from 1935 to 1937. During this early period of his career he made a major contribution to the isolation and purification of the adrenocorticotrophic hormone (ACTH). "Science and mankind are indebted to him for this achievement alone," says Dr. Leslie L. Bennett, Morris Hertzstein Professor of Physiology at UCSF and a close friend of Dr. Moon for 40 years.

After completing his post-graduate training in pathology at UCSF in 1944, Dr. Moon served for three years in the U.S. Army Medical Corps, rising from 1st Lt. to Major. He became Associate Professor of Pathology at UCSF in 1953 and full Professor in 1958. In 1956 he was appointed Chairman of the Department of Pathology.

Dr. Moon is the author or co-author of 95 scientific publications. His research has earned him international renown for advancing knowledge of the effects of the pituitary hormones on normal and cancerous growth. For this work he received awards from the American Cancer Society, and also for his work on arteriosclerosis (hardening of the arteries), the leading cause of heart disease.

In the area of public services he was often a Consultant to the National Institutes of Health, and was Visiting Professor of the U.S. State Department to Korea, in 1957, and to U.S.S.R. in 1958.

Dr. Moon was a member and officer of many prestigious societies. He served as President of the American Association of Pathologists and Bacteriologists, the American Society for Experimental Pathology, the California Society of Pathologists, and the International Academy of Pathology.

He has served on the editorial boards of prominent scientific journals.

Dr. Moon is survived by his wife, Lona, who lives at the family home in San Mateo; two sons, Henry, a medical student at UCSF, and Thomas; and a daughter, Nancy (Mrs. John) Ullmann of Davis, California.

Hahnemann Lecture Fund Given

The California Women's Homeopathic Association recently presented $25,000 to the University of California, San Francisco to endow the Samuel Hahnemann Lectureship in Correlative Pharmacology.

Dr. Otto E. Guttentag, Samuel Hahnemann Professor of Medical Philosophy at UCSF since 1958, will head the committee to select the first lecturer. The Samuel Hahnemann Professorship was endowed in 1916.

The annual lecture is established to honor the founder of the homeopathic school of therapeutics, Dr. Samuel Hahnemann, and to emphasize on the UCSF campus a patient-centered view of treatment rather than a mechanistic approach to the problem of human pharmacology and therapeutics.

The fund was collected over a 20-year period through bake-sales, etc. and donated by a dedicated group of people attracted to homeopathy as the result of their beneficial treatment by homeopathic physicians or through professional association or intellectual interest.

The $25,000 check was presented to the University by Mrs. Elsa K. Engle, business manager of the Association, at a meeting held in her home on April 10, 1974, Hahnemann's birthday anniversary. A further celebration was held on July 11 in the History Room of the UCSF Library, where Hahnemann memorabilia are on display. Guests of the University included Mesdames Elsa Engle, Rose Rowlands, Kathryn Carey, Minna Fenton and Amelia Nutter.

Sixth Year for Summer Program

During the summer months, 93 students from San Francisco schools were employed at UCSF. This is the sixth year that the Summer Youth Program has provided a work-experience for high school students. It is a cooperative program with the Neighborhood Youth Corps.

The program, according to coordinator Dave Johnson, was especially successful this year. "Each summer there are a number of students who are potential drop-outs," he noted. "The UCSF Personnel Department has followed former Summer Youth Program veterans to see just where they're headed; and with new determination, because of our program, many students have gone on to obtain degrees or at least some college education."

Most of the students are from disadvantaged backgrounds and some have never had encouragement or direction toward choosing a career.

Among the departments where students work are X-ray, pediatrics, hospital administration, accounting, purchasing, respiratory therapy, as well as in research and other health sciences areas.

Warning Against Herbal Pills

This summer, Bay Area newspapers carried a report by Dr. Curt A. Rein, UCSF Assistant Professor of Medicine and a hematologist, disclosing the potentially fatal effects of certain over-the-counter Chinese herbal pills taken by patients with arthritis.

As a followup, Dr. Robert L. Roe, Chief of the Rheumatology Unit at SFGH, collected and analyzed four separate types of this medication. As a result, he is reemphasizing the warning that all patients with arthritis be questioned as to whether they are taking this type of medication, and that those who are using these particular pills be advised to immediately discontinue their use.

Dr. Roe, who conducted the analysis with the assistance of Udo Boerner of the hospital's Toxicology Laboratory, reports: "The pills were collected from four patients in my arthritis clinic, each of whom had obtained them from various mechants and practitioners in the Chinese communities of San Francisco and Oakland. All these pills are small, hard, black or dark brown spheres resembling small marbles. They have a pungent odor, which varies from pill to pill, and are sold under a variety of names, including Ginseng Rejuvenation Pills, Jet See Toone Pills, and 'Arthritis Pills.' Most are made in Taiwan, although one sample had been purchased in Hong Kong."

According to Dr. Roe, all these pills, when taken in the prescribed dose, result in the ingestion of dangerous and potentially fatal amounts of phenylbutazone and dangerous amounts of prednisone. One specimen contained strychnine as well, and all also contained about a dozen unidentifiable alkaloids none of which include recognized medicinals," he said.

Communities

Special Friends Combat Loneliness

"What all nursing homes could use is a 'love corps' composed of people who care enough to fight the atrophy of body and apathy of spirit that so often infect the aged when they lose the will to live . . . All the good medical care in the world cannot cope with the hopelessness that loneliness and isolation create."

From "Health News," newsletter of the California Department of Health, Health and Welfare Agency.

Showing the elderly, lonely patient that "someone cares" is the purpose of the "Special Friends," a group of concerned citizens who visit patients on a one-to-one basis in both convalescent and private homes throughout San Francisco.

Sparkplug behind the year-old organization is Helen Chesterman, R.N., former Director of Public Health Nursing, San Francisco Department of Public Health, and longtime leader in local, state, and national nursing associations. The approximately 35 members of "Special Friends" are primarily retired persons, including several retired UCSF nurses.

What is different about "Special Friends" from the many other "friendly visitor" groups that have existed for years in the City, is its particular emphasis on fostering a person-to-person relationship between visitor and patient. Mrs. Chesterman explains:

"We not only visit the 'unvisited' patient who is most in need of a friend, we adopt that patient and act in the role of advocate and close relative. A Special Friend brings a personal touch, human contact, conversation, news of the day, a smile . . . merely listens, or just sits quietly by. The Friend may offer to brush hair, file nails, write a letter, change the water in flowers, or make a phone call.

"A Special Friend comes and goes as needs arise, or when it's convenient, as a close family relative would do. And, as a close family member would, the Friend does what he or she can to see that the patient gets the best care."

As a professional nurse, Helen Chesterman is sensitive to the need of elderly patients for good and human nursing care. Recently, she drafted her own "patients' Bill of Rights and guide for volunteer visitors." Here are some excerpts from that guide:

The person being visited should be physically touched by holding a hand, or caressing a hand or arm. The sense of touch does not deteriorate in the elderly as does sight, hearing or memory.

Patients have the right to have visitors at all waking hours, especially at meal time. Visitors should encourage and help the patient to eat.

Each patient has the right to be treated as a dignified human being and should be consulted regarding health care procedures and the reasons for the procedure.

Elderly people have the right to be addressed by their surname. Use of one's first name may imply to the patient that he is considered childish.

Each patient has the right to reach drinking water, call light, glasses, dentures, hearing aid, watch, bedpan, etc.

Every joint should be moved every day. The patient must be reminded to move a paralyzed hand with the good hand, etc. Disuse causes atrophy, stiffness, and deformity. Any caretaker can keep a joint limber.

Good basic nursing care prevents bedsores. Any sign of an impending bedsore should be brought to the attention of the bedside staff and the head nurse.

Each person has the right of privacy but the usual elderly, lonely person has nothing but privacy. We are not intruding when we visit a patient and try to bring him back to the joy of human contact. Isolation is not conducive to good mental, emotional or physical health. The complaining patient gets well faster than the complacent one.

The Special Friends meet once monthly to share experiences. Administrative assistance to the group is provided by the San Francisco Commission on Aging and Special Friends works closely with a number of other organizations concerned with the needs of the aging. These include the American Association of Retired Persons and R.S.V.P., a program of the federally funded ACTION agency. Virginia Leishman, R.N., Nursing Director of Laguna Honda Hospital, is an advisor to the group, and Helen Chesterman serves as a consultant to other organizations interested in visiting the elderly.

Most important of all, new Special Friends are desperately needed by many forgotten patients. If you can help, please call Mrs. Chesterman at 664-6995, or Joy Lock, 755-4149.

"The rewards of giving of friendship are infinite," says Helen Chesterman.

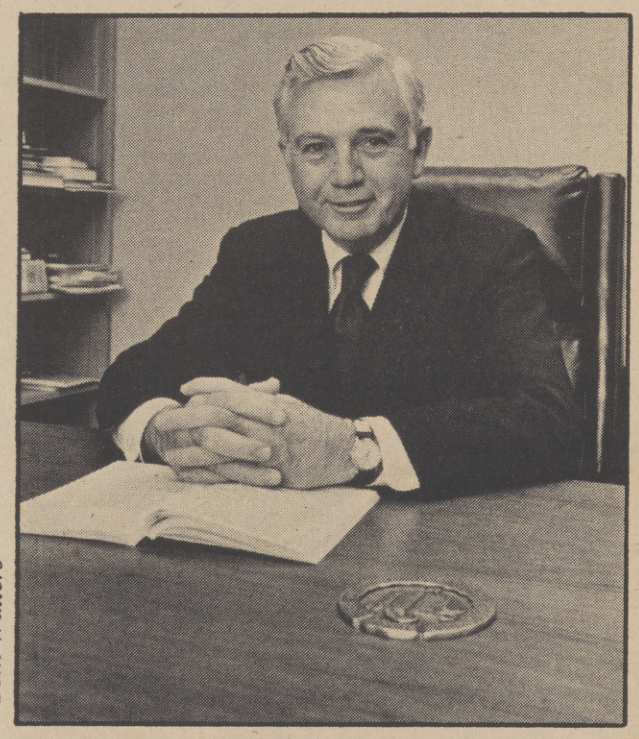
Claire Wray

ISAC Elects New Officers

ISAC recently held elections and the following officers were announced: Marcia Linden, Chairperson; Joseph Hirschman, Vice-Chairperson; Martha Gardner, Secretary; John D. Bardis, Chairman of Housing and Zoning Committee.

Newly elected to the Board of Directors is Joseph Menocchi. Re-elected as ISAC directors are Mrs. George Napris and Mr. Harry F. Jennings.

Memo



Tom Walters

In 1964, a Long Range Development Plan was prepared for the San Francisco campus, the first since the early 1930's. In 1970, however, it became evident that the Plan would have to be completely revised because of changes in academic programs and a growing sensitivity to the surrounding urban environment. Accordingly, the University authorized its Consulting Architect to start new planning activity. The following is a progress report of that activity to date:

(1) In May, 1971, Phase A was completed and existing campus conditions were translated into a site analysis and conclusion map. This map was used as the preliminary guide to develop planning concepts for the subsequent phase. The map was distributed both on and off campus.

(2) In November, 1972, as part of Phase B, a three dimensional model of the campus and surrounding community was constructed which presented numerous physical planning alternatives. These alternatives proposed the development of a physical "soft-edge" transition between the campus and the surrounding residential community. The Phase B report and the tabloid version were widely distributed both on and off campus. More than 25 presentations and meetings with community groups and city officials were held over a 12-month period.

To solicit further public participation and review of Phase B of the Long Range Development Plan (LRDP), I established in March, 1973, a Task Force comprised of campus and community representatives. The Task Force completed their review and recommendations in August and I accepted the report which was amended and approved in November, 1973, by

On Campus

the Campus Planning Committee. Some basic recommendations of the LRDP Task Force have already been implemented and are as follows:

A. In September, 1973, the composition of the Campus Planning Committee was changed to include a 50-50 split between campus and community representatives.
B. 1.7 million assignable square foot limitation of campus buildings.
C. University commitment not to purchase property beyond present boundaries for at least ten years.
D. Designation by U.C. Board of Regents of 50 acres of Mount Sutro as Open Space Reserve for 25 years.

I would like to further report that the campus Consulting Architect has now refined the LRPD Task Force's planning alternatives which are principally addressed to the replacement of the old U.C. Hospital. This structure was built in 1917 and would require prohibitively expensive alterations to correct seismic deficiencies. These preliminary alternatives will be presented to the Campus Planning Committee and the general public during the months of September-December, 1974, to gain the participation of the community in identifying and solving the physical planning needs of the San Francisco campus and its environs. In addition, an Environmental Impact Report on the proposed 1975-85 Long Range Development Plan will be prepared and the general public will have further opportunity to participate under the "University of California Procedures for Implementation of the California Environmental Quality Act of 1970."

Francis A. Sooy, M.D., Chancellor

* * * * *

Public meetings will be held September 30 in Toland Hall at 12 noon and at 7:30 p.m. Campus and community members who are interested in discussing preliminary alternatives for the campus Long Range Development Plan at UCSF are invited to participate.

Open Enrollment For Health Insurance

A special open enrollment period has been approved to permit eligible employees (1) enroll in a health plan if they are not currently enrolled in a plan and (2) to enroll dependents in a health plan if they are not currently included in a plan.

Transfers from one health plan to another *will not be accepted*. Life Insurance and Short Term Disability are not available during this limited open period. This special period has been approved because of the recent increase in the employer contribution towards health plan coverage. This contribution has been increased from $16 to:

$19 for employee only coverage
$33 for employee and one family member coverage
$41 for employee and all family members

Employees who wish to enroll either themselves or their dependents should obtain form U1630, from their Department Secretary and submit it to the campus Accounting Office prior to the deadline. Information on the various health plans may be obtained from the "spread sheet" and brochures available for review in your Department Office.

Please note the Payroll Office's special deadline for receipt of Form 1630 in Accounting:

Forms must be received in the Accounting or Personnel Office by October 4th, and coverage will be effective November 1, 1974.

It is anticipated that the regular November open enrollment period will be held this year, at which time new rates and coverage changes will be known; to be effective January 1, 1975. Changes between health plans may be made at that time.

LAST DAY TO ENROLL OCTOBER 4, 1974.

Faculty Wives Invite New Members

The UC Faculty Wives welcomes new members. Active and Honorary membership includes women faculty members and wives of faculty members who have academic appointments at UCSF and wives of members of the Professional Research Series. Membership is open also to wives or widows of emeritus or retired faculty or administrators; wives whose husbands hold equivalent faculty rank upon invitation of the Board of Directors.

The purpose of UC Faculty Wives, a non-profit organization, is threefold: to promote philanthropic, educational, and social activities; to support programs benefiting UCSF; and to cooperate with other campus groups at UCSF.

The major fund-raising effort of the Faculty Wives, the Phantom Fund, was started in 1970 to raise money for student aid. A luncheon and silent-auction is held during one of the six annual meetings to raise money for projects, among which is the Foreign Scholars Loan Closet from which foreign students may borrow household items during their enrollment at UCSF.

More information about this campus organization may be obtained from any one of the newly-elected officers for the coming year:

President . . . Beth Martinez (Mrs. Hugo) . . . President-elect . . . Betty Reinhardt (Mrs. William) . . . Vice-President . . . Anne Hickey (Mrs. Robert) . . . Correspondence Secretary . . . Elaine Craig (Mrs. John) . . . Recording Secretary . . . Marjorie Crede (Mrs. Robert) . . . Treasurer . . . Betty Silverman (Mrs. Sol, Jr.) . . . Assistant Treasurer . . . Claire McDowell (Mrs. James).

Director of Student Health Services

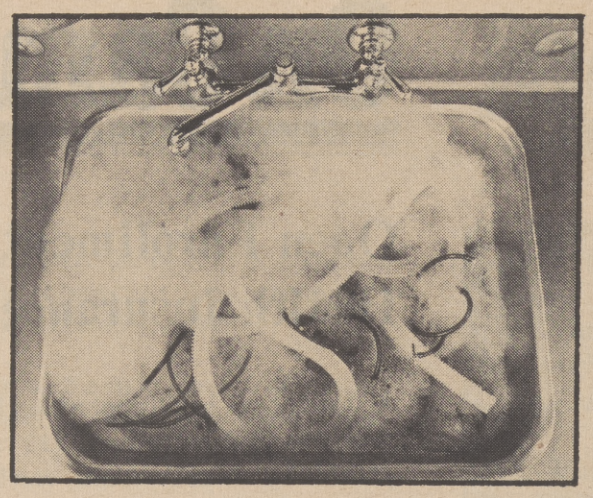
Tom Walters

Dr. Lourdes Fuentes Olivares

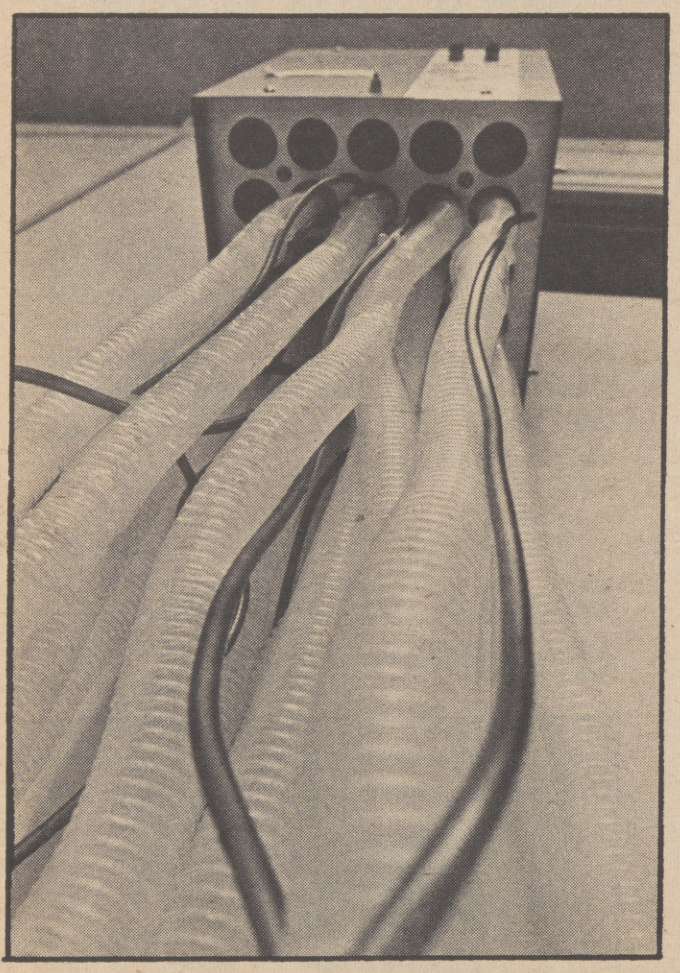
When Chancellor Francis A. Sooy announced the appointment of Dr. Lourdes Fuentes Olivares as the new permanent Director of Student Health Service (SHS) last March, there was rejoicing among students, her staff, and the faculty. The petite, soft-spoken physician has been noted for her devotion to the students' welfare since 1958, when she first came to SHS.

Since her appointment in 1972 as Assistant Director, following the retirement of Dr. Kahn Uyeyama, and as Acting Director in 1973, Dr. Olivares has demonstrated that she is a top-notch administrator in addition to being an excellent physician. Working with the students and the SHS Advisory Committee appointed by the Chancellor, she has fought to restore some of the services eroded over the years. Student registration fees, part of which support SHS

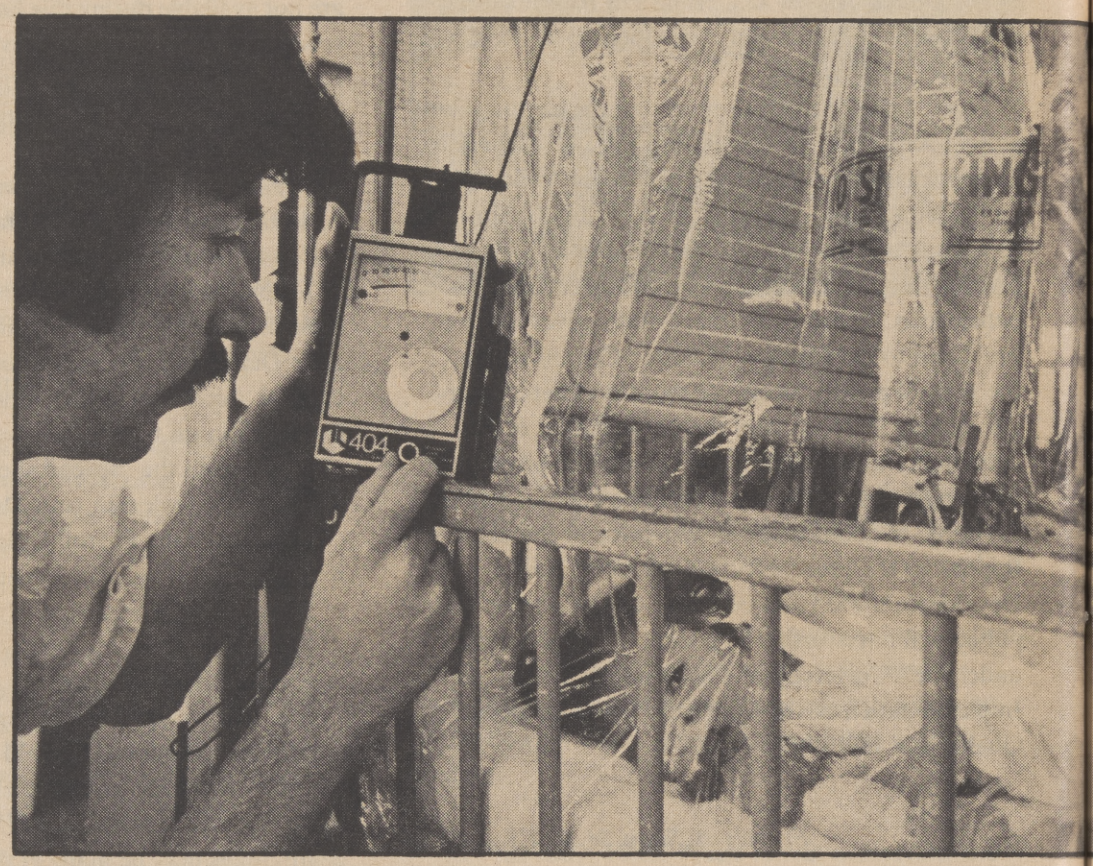
Cont'd. Page 10



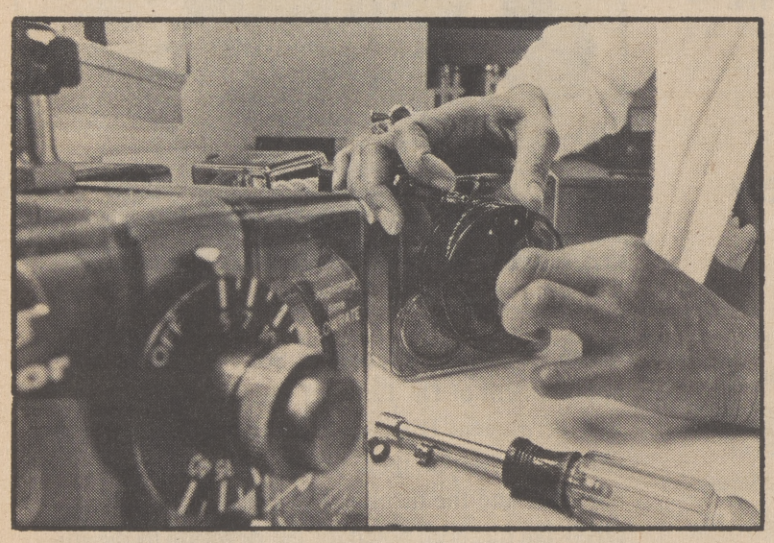
All parts are thoroughly washed.



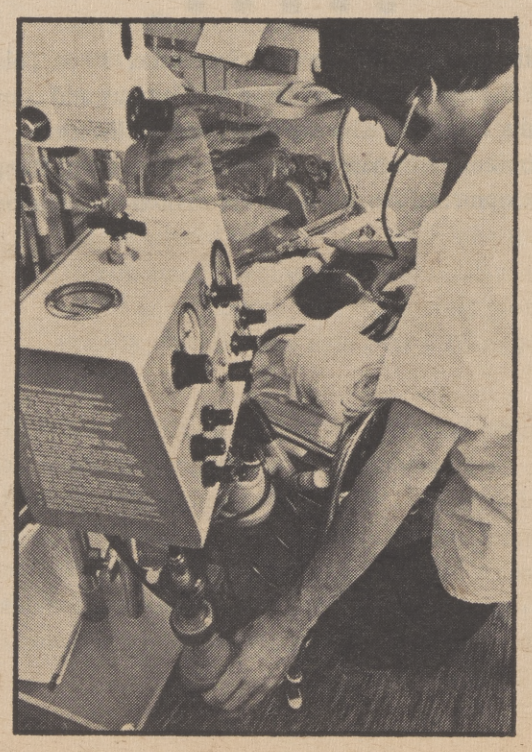
A blower dries the tubes.



The Intensive Care Nursery has many tiny patients and special, sensitive equipment built to scale is needed to treat them.



Marie Pool, who completed the two-year course of instruction which is given jointly by City College and UCSF, assembles a unit that has just been cleaned and will be placed in a container to be sterilized.



Photos by Tom Walters

A small army of "Birds" are always in sterile readiness for routine therapy or emergencies. The units are mobile. Leon Wilson, Technical Director of the Department, explains how they function. The inhalation units are called "Birds" because of the inventor, Dr. Forrest Bird.

Receptionist Maria Sol maintains schedules and records so that any call for an inhalation (respiratory) therapist is answered promptly.

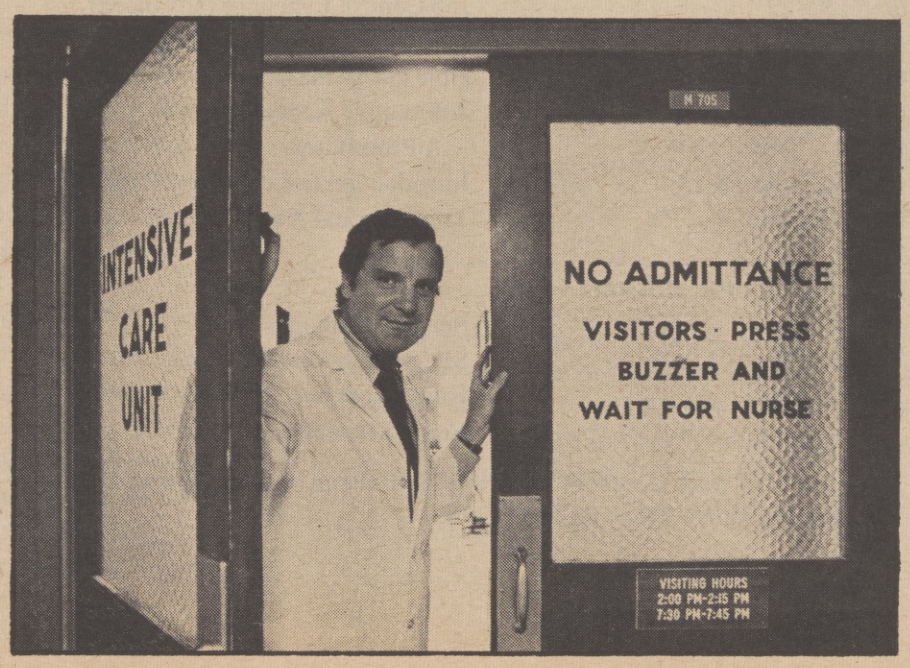
Inhalation Therapists and Patient Care

The 27 Inhalation Therapists and technicians at UCSF perform over 47,000 treatments a year. Members of the Inhalation Therapy staff are, in essence, life-support specialists. The instant availability, around-the-clock, of these trained therapists and of correctly functioning equipment, has been responsible for saving countless lives.

"At any given time, one-out-of-three patients in the UC Hospitals needs some form of respiratory therapy," says Dr. Hilary Don, the new Director of the Moffitt Hospital Intensive Care Unit. "On the whole, these are among our more seriously ill patients. In their complex management, the Inhalation Therapist is an essential member of the patient care team, responsible for following the physician's diagnostic and treatment programs."

Inhalation Therapy involves a variety of methods used in the care of patients with cardiopulmonary problems. They include basic oxygen therapy, the administration of medications by means of aerosol sprays, IPBB (Intermittent Positive Pressure Breathing) treatments, mechanical ventilation, resuscitation, and arterial blood gas analysis. Inhalation Therapy is performed in the emergency room, intensive care units, and in the medical and surgical wards. These therapists are members of the "Code Blue" team, ready to respond immediately in case of emergency anywhere in the hospital.

Claire Wray



Anesthesiologist Hilary Don, M.D., new Director of Moffitt Hospital's Intensive Care Unit, is an enthusiastic advocate of Respiratory Therapy. Dr. Don was formerly with the Anesthesia Department at Peter Bent Brigham Hospital, Boston.

coverage, simply could not keep pace with rapidly increasing costs of hospitalization, lab tests, X-rays, prescriptions, etc.

The Search Committee screened over 60 applicants for the directorship before choosing Dr. Olivares as being the best qualified for the important job of overseeing the health of UCSF students.

Dr. Olivares was born in the Philippines. She finished high school during the hardships imposed by the Japanese occupation in the second world war. She obtained her premedical education and her M.D. degree (1952) from the University of Santo Tomas, Manila.

Wasn't it unusual for a Filipino woman to go into medicine at that time?

"Not really," says Dr. Olivares. "It was my mother who inspired me to become a physician, but many women became very career-conscious after the war . . . the Japanese occupation probably had a lot to do with jolting us into wanting to play a more active role in rebuilding a better world. But of course we prized marriage and motherhood highly too."

With Dr. Olivares it was not a matter of choosing between, but of combining both career and marriage. She is married to Dr. Felix C. Agcaoili, a distinguished San Francisco surgeon, and they have two daughters: Jo Ann, a third-year student at UC Davis, and Jeanne, in her third year of high school at the Convent of the Sacred Heart.

The couple met in medical school. They were married on the very day they departed home and homeland for the United States, where they were to serve their internships at the Good Samaritan Hospital in Cincinnati, Ohio.

In a strange new land, adjusting to marriage and the rigors of a rotating internship: didn't she have a few doubts about pursuing medicine?

"Only once," Dr. Olivares confessed. "Our first child was born towards the end of my internship . . . I wanted to be able to spend more time with my baby than the mere two weeks granted interns for vacation . . . it was very hard to leave her, even though we had found an excellent baby-sitter . . . I was strongly tempted to at least postpone my training."

But she did not. After two years' residency training in internal medicine at Mary's Help Hospital in San Francisco, she came to UCSF in 1955 and pursued further postdoctoral training as a Research Fellow in Gastroenterology and Assistant in Medicine from 1955 to 1958. She has held teaching appointments in the Department of Medicine since 1958. In spite of her added duties as SHS Director, she maintains an Assistant Clinical Professorship and continues to teach in the Department of Ambulatory and Community Medicine, as well as personally supervising the care of any seriously ill student.

Due to her capable administration, the SHS budget now operates financially in the black and students also receive better health benefits. She has restored annual physical examinations for returning students, including urinalyses. Annual pap smears for women are available. Some medications are free of charge. She has initiated innovative services such as the Contraceptive Counseling Clinic, and specialty consultants now see students as SHS.

Dr. Olivares has recently obtained supplemental health insurance—to become effective this fall—which automatically covers students during fall, winter, and spring quarters. During the summer, students may purchase the same plan for the small sum of $7.50; previously, the cost of the Blue Cross supplemental health plan was $90. In addition, she also obtained a reduction of health insurance rates for dependents of students: from the former $275 per year to $52.50 (student plus one dependent), and from the former $378 per year to $97.20 (student plus two or more dependents).

Is she satisfied that SHS is as good as she can make it? Not at all. Dr. Olivares is now working on a plan to organize a panel of consultants to take care of hospitalized students and who would be paid by private fees from the supplemental health insurance. Students will then be admitted as private patients rather than as staff patients. Considering her history, who would doubt that these further benefits to students will also be realized.

Joan Spiegelhalter

Faculty Invited To Picnic

Faculty Wives are sponsoring a picnic to be held Sunday, October 6 in Golden Gate Park. The precise meeting spot is in the grove behind the refreshment stand at Stowe Lake. Ten o'clock is starting time. Bring your own lunch. Beverages and dessert will be provided.

The picnic is to provide an opportunity for faculty members to meet new faculty members and to renew old acquaintances.

Don't forget to bring hiking shoes, bicycles, frisbees, etc.

For further information call 393-0766.

Alumni Note

Eugene L. Cooley, M.D., F.A.C.P., Professor of Medicine at Hahneman Medical College and Hospital of Philadelphia, an alumnus of UCSF, Class of '43, has recently been appointed co-chairman of the Department of Medicine and Director of the Division of General Internal Medicine and of the Residency Training Program.

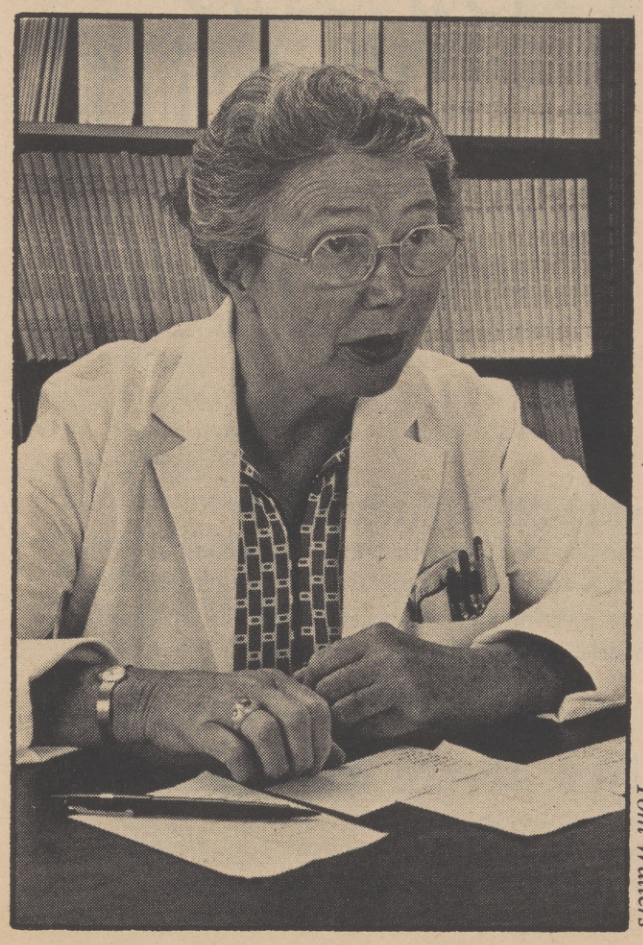
EMPLOYEE DEVELOPMENT COURSES

This is to announce UCSF Employee Development training calendar for Fall 1974. Below are the following courses and training classes offered.

SEPTEMBER PROGRAMS			
Sept. 26 to Jan. 30	Introduction to Programming	Th	7-9:30
OCTOBER PROGRAMS			
Oct. 7 to Nov. 21	Problems in Mathematics	M,Th	3-5
Oct. 8 to Oct. 17	Interviewing Techniques	T,Th	3-5
Oct. 15 & 22	Job Control Language (advanced)	T	1:30-3
Oct. 15 to Dec. 17	Advanced Office Management	T	9-10
Oct. 2 only	How to Use the Computer Center	W	1:30-3
Oct. 22 & 24	Affirmative Action Policies & Procedures	T,Th	3-4
Oct. 30, Nov. 6 & 13	Introduction to Computers (repeat)	W	1:30-3
Oct. 30 to Dec. 4	Transactional Analysis for Everyone	W	9-12
NOVEMBER PROGRAMS			
Nov. 4 only	Benefits Training	M	10-12
Nov. 5 to Nov. 21	Selected Personnel Policies	T,Th	1-2:30
Nov. 20 only	How to Use the Computer Center (repeat)	W	1:30-3

For those who wish a copy of the Training Bulletin, contact Gloria Darling, Employee Development Division, Personnel Office on Ext. 4278.

Lloydie Finds the Dropouts



Tom Walters

Miss Fermer Lloyd retired recently after 40 years at UCSF's Clinical Laboratory. "Lloydie" is back on campus, now, as a volunteer.

For more than 40 years, Miss Fermer Lloyd—better known as "Lloydie"—kept a tight rein on day by day operations of the UCSF Clinical Laboratory. "Lloydie" has a reputation for being outspoken and firm, but fair, and she is known for her overriding concern for good patient care.

When the small, trim, supervisory lab technologist retired in May of this year, she was ready to bounce right back to a volunteer job in the Comprehensive Medical Clinic of the new Ambulatory Care Center. Her volunteer assignment is a labor of love she invented herself—tracking down Clinic patient "dropouts" and persuading them to return to see the doctor. She explains how it came about:

"When I worked in the Clinic's laboratory, I found there was no way that a patient could become a 'number.' When lab personnel deal with inpatients, they often don't see them. But in the clinics, patients themselves come to the lab when tests are ordered. Some with chronic illnesses come regularly for certain tests, and when they don't show up you worry about them."

While she was wondering how she would spend her retirement, Miss Lloyd had this brainstorm: If some patients were skipping their appointments for laboratory tests, others must be failing to keep return appointments with doctors. A check of the records confirmed this fact. Many with conditions that should be followed by a physician—such as diabetes or high blood pressure—were not returning. "Lloydie" offered to attack the problem as a volunteer, and has been working her way through the files, locating Clinic "dropouts" and contacting them by telephone. She finds that some are receiving care elsewhere, but that many others have simply been negligent about seeing a doctor.

Thus far, the persuasive Miss Lloyd, as she puts it, "corralled at least 50 patients, though I'm barely halfway through the card file! Seriously, most are very grateful that someone cared enough to call."

Since retiring, Miss Lloyd also has been appointed a Laboratory Consultant by Dr. Robert Crede, UCSF Chairman of Ambulatory and Community Medicine. "The field of medicine is in my blood," says this granddaughter of an early graduate of the U.C. School of Medicine, Dr. Charles Paton.

"Lloydie" is herself a graduate of U.C. Berkeley and of Lowell High School, San Francisco. Her true first name, Fermer, is derived from a well-known San Francisco family name on her father's side, Fermer-Hecsuth, of British origin.

Claire Wray

Millberry Repertory Theatre

Founded in June, 1973, the Millberry Repertory Theatre is comprised of students, faculty, and employees at UCSF. Membership is also open to community members who may wish to participate.

The Neighborhood Arts Program has generously assisted the UCSF group with guidance about lighting for their productions.

The Millberry Repertory Theater is open to anyone who has a love for and genuine desire to work in all areas of theatrical production. For further information call Chris Brust, founder and senior director of the Repertory Theater, at 666-1078.

CAL HIGHLIGHTS

The Committee on Arts and Lectures series for Fall '74 has many interesting activities for members of campus and community. Featured at Millberry Union are exhibits of paintings by Maude Church and sculpture and drawings by Edwina Svoboda, September 30 through November 1st.

The Millberry Repertory Theater will present Tennessee Williams' "Tennessee 2 x 3," six one-act plays, Thursday and Friday, October 10 and 11 in Toland Hall. Curtain time is 8:00 p.m. General admission is $2.00, students $1.50.

A series of comedy short films will be shown Monday at noon Oct. 7, 14, and 21 in Cole Hall. Among the films are: "The Dentist," with W. C. Fields; "From Nurse to Worse," featuring the Three Stooges; Charlie Chaplin in "The Pawnshop"; "Hurry, Hurry," and others.

Friday night films will start October 11 with "Harold and Maude." October 18, "Yellow Submarine." Films start at seven o'clock in Cole Hall.

Admission is 75 cents for senior citizens, MU members, and UCSF students; other students, $1.00; and general admission $1.25.

The Jake Gimbel Sex Psychology Lecturer for 1974 is the Reverend Robert Theodore McIlvenna, who is affiliated with the Glide Foundation and Genesis Church and Ecumenical Center, San Francisco.

Reverend McIlvenna's lectures are on the following topics:

Oct. 8 —Process of "Sar"ing
Oct. 15 —Getting and Getting Older: Greater Expectations for the Elderly
Oct. 22 —On Both Sides of the Street: The Bisexual Movement and What it Means
Nov. 5 —Letting Women Lead the Way
Nov. 12—Just What Can They Do? The Real Sexual Minorities
Nov. 19—Toward a Positive Sex Ethic

The late Jake Gimbel specified in his will that the Regents of the University of California, alternating each year with the Trustees of Stanford University, select a person to deliver a series of not less than five lectures on sex psychology. On September 17, 1965, the Regents permanently assigned the University of California share of this lectureship to the San Francisco Campus. Selection of lecturers is based upon recommendations submitted by the Committee on Arts and Lectures at UCSF.

Book Note

Dr. Morris F. Collen, Lecturer in Information Service at UCSF and Director of Medical Methods Research at Kaiser Foundation Research Institute and Permanente Medical Group, Oakland, is the author of *Hospital Computer Systems*. This volume is published by John Willy and Sons, Inc., New York.

Auxiliary

Among the many summer volunteers who helped patients and staff at UCSF were three UC Berkeley students. All three are considering medical careers.

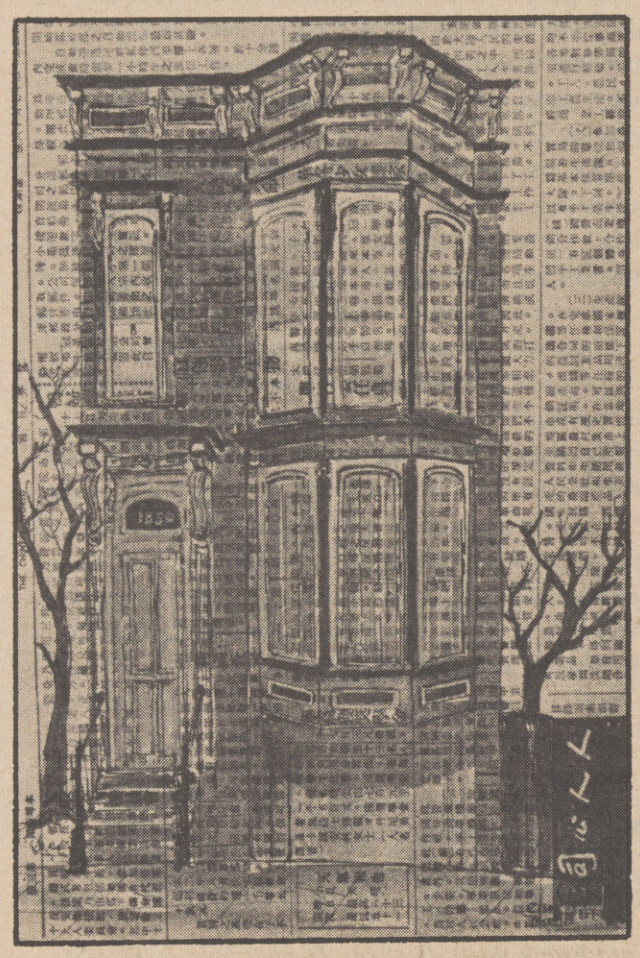
Tom Moran, who already has a degree in mathematics, escorted patients to the Radiology Department for X-rays.

Anson Lowe, a graduate of Lowell High School and in his third year at UCB, worked with two researchers in the Physiology Department.

Zara Rogers helped in the Moffitt Hospital Gift Shop and in the Radiology Department.

Photos by Tom Walters

Sausalito Artist Exhibits



Watercolors by Virginia Clemans "Clem" Merrill will be featured through October in Moffitt Lobby.

A resident of Sausalito, Mrs. Merrill is noted for watercolors of Victorian houses, as well as those of flowers and vegetables. She combines the mediums of ink and watercolor with different papers, including newsprint and rice paper. Rubbings of freshly-caught fish are also a technique she uses.

Mrs. Merrill has been painting old houses and Victoriana for many years, an interest she developed in her native village of Snohomish, Washington.

The paintings by Mrs. Merrill included in the Moffitt Lobby exhibit are for sale and the proceeds will benefit the Auxiliary's patient fund.

VOLUNTEERS NEW OFFICE

162 UC Hospital

NEEDED: CHAIRS!
Anyone who can donate a set of stacking or folding chairs for the Auxiliary's new headquarters office and meeting room is urged to call Susan Mumford, Secretary, 666-4906.

New Board Members

Mrs. J. Ralph Audy, President, U.C. Hospitals Auxiliary, welcomes the following new members of the Board of Directors: Mrs. Richard (Susan) Olness, Mrs. William (Maryanne) Margarettan, Ephraim P. Engleman, M.D., UCSF Clinical Professor of Medicine, and ex-officio member: Mrs. Hugo Martinez, the new president of the UC Faculty Wives.

The Auxiliary's Board acknowledges with appreciation, the outstanding efforts of Mrs. John B. Saunders, Membership Drive Chairman for the past two years. Allison Saunders is the wife of the distinguished medical historian Dr. J. B. deC. M. Saunders, Professor of the History of Health Sciences.

The 1974 Membership Drive is currently underway. The Auxiliary and the patients of the UC Hospitals and Clinics need *your* support and participation. To become a member, please complete the coupon:

AUXILIARY MEMBERSHIP
application
U C HOSPITALS

Fill this out and Mail to:
Moffitt Hospital, U.C. San Francisco 94143

NAME_____

ADDRESS_____

Types of Membership:

ACTIVE .....$10 per year	CONTRIBUTING ...$25 per year
ALUMNI .....$10 per year	SUSTAINING .....$50 per year
VOLUNTEER (those active in volunteer service at UC Hospitals) .....$2 per year	PATRON .....$100 per year
	SPONSOR .....$150 or more per year
STUDENT (open to all students and their spouses) ...$2 per year	LIFE $500

Membership is tax deductible

Hospitals and Clinics: Synergy

Racing To Help Children

Fifteen Bay Area physicians and dentists took part in a special hard top auto race at the Vallejo Speedway June 29. This benefit event netted over $2,000 for the Children's Unit at Moffit Hospital, UCSF.

Sponsored by the Sears Point Oval Racing Wives' Club, which has adopted our Children's Unit as its special project, the "Doctor's Trophy Dash" came about through the efforts of a former patient at Moffitt Hospital. She is Mrs. Laney Westbrook, of Napa, the wife of the president of the Sears Point Oval Racing Association and herself the acting secretary of the Wives' Club.

Mrs. Westbrook was a patient at UCSF on two occasions. During her stay, she visited the Children's Unit and was deeply moved to see some very sick children being cared for by a dedicated and loving staff. Her desire to help make hospitalization a little brighter for these small patients inspired the first successful benefit doctor's race at the Vallejo Speedway.

To accept the generous gift of $2,016, Mr. Robert A. Derzon, Director of the UC Hospitals and Clinics, paid a visit to the speedway during a recent Saturday evening race. He was accompanied by Mrs. Carol Creer, Assistant Director of Nursing, and Barbara Hatch, Pediatrics Surgery Head Nurse.

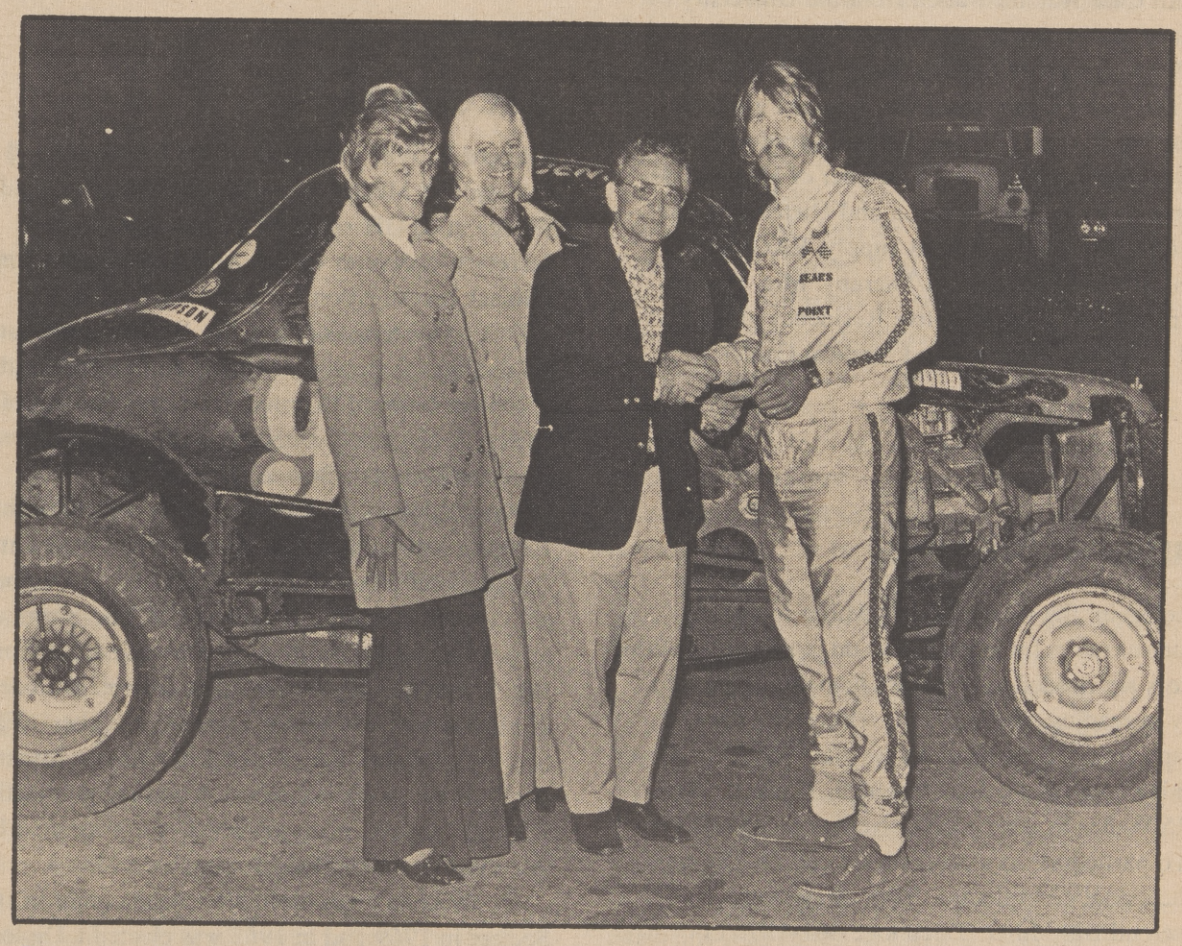
Mr. Derzon expressed special appreciation to George Acree and Frank Bladdo, co-promoters of the Vallejo Speedway, to Laney and Claudine Westbrook, the Racing Association and Wives' Club, and to the doctors who drove in the special race. He said that the Wives' Club gift "will be used for the direct benefit of the pediatrics patients and parents who come to our Children's Unit, which is one of the largest in Northern California, with over half of its patients referred from outside the immediate San Francisco area.

"This gift will help thousands of sick children who come to the hospitals and clinics from all over California each year. We are very excited and very grateful," Mr. Derzon told the drivers and owners at a between race ceremony.

The Wives' Club is participating with the nursing staff and the Hospital Director in formulating specific plans for the use of the funds. "And this is just the beginning!" promises Claudine Westbrook.

Claire Wray

Among the drivers in the benefit Doctors' Trophy Dash at the Vallejo Speedway were, from left to right: John Schaffer, M.D., Sonoma; Anthony Penso, M.D., Hayward; Richard Nelson, M.D., Vallejo; Lawrence Dotson, M.D., Albany, the winner of the race; Richard Frank, M.D., Vallejo; Donald Owens, D.D.S., Richmond; Donald Palmer, M.D., Sonoma; Charles Lockarine, M.D., Sonoma; John Fittipoldi, M.D., Napa; David Gladden, D.D.S., Napa; Michael Zwerdling, M.D., Orinda. President of the Vallejo Speedway, Inc. (not shown) is George Acree.



Laney Westbrook (right), president of the Sears Point Oval Racing Association, presents check to Robert A. Derzon, Director, UC Hospitals and Clinics. Looking on are Carol Creer, Assistant Director of Nursing (at extreme left) and Barbara Hatch, Head Nurse, Pediatrics Surgery Wing.

Cover Picture

Racing doctors in their modified hardtops are Donald Owens, D.D.S. in the lead, and Charles Lockarine, in hot pursuit.

SFGH

Hospital Administration Appointments

Following reorganization and an extensive recruitment effort over the past several months, Robert A. Derzon, Director, Hospitals and Clinics, announces the following appointments to the Administrative staff:

William B. Kerr has accepted the newly created position of Administrator-Inpatient Services. In this capacity, Mr. Kerr. who originally joined the staff at UCSF in 1971, will function in Mr. Derzon's absence as chief operating officer of the Hospitals and Clinics. He will conduct a major portion of the day-to-day affairs of the Hospitals through the overall coordination of the professional and general services that support patient care programs. In addition, Mr. Kerr will continue to direct the Moffitt Modernization Project development.

Edward Martinez has joined the staff as Hospital Planner in the Hospital Office of Facilities and Planning. He will share major responsibility for the Moffitt modernization program and for program planning and coordination of facility design. Mr. Martinez holds a Masters Degree in Hospital Administration from Yale University and a Masters Degree in Public Affairs from the University of Southern California.

David J. Fine, who has spent the past year at UCSF as an Administrative Resident, has joined the staff as Assistant to the Director of Hospitals and Clinics. He functions as Mr. Derzon's personal staff assistant and will share a major responsibility in program development, coordination, implementation, and evaluation. Mr. Fine has a Masters Degree in Hospital and Health Care Administration from the University of Minnesota.

Mrs. Margaret Bryan has joined the staff as Assistant Director-Hospital Services. A recent graduate of the UC-Berkeley Hospital Administration Program, she will be responsible for a number of Hospital departments including Nutrition and Dietetics, Social Services, Pharmacy, Central Supply, EKG, EEG, Physical and Occupational Therapy. Mrs. Bryan completed her Administrative Residency at the Oakland Children's Hospital and Medical Center.

Claire Wray

Tutors Needed

Once again, the Reverend Bill Miller is seeking volunteer tutors for elementary and junior high youths. Tutors are needed to help with homework, particularly in reading, spelling, and arithmetic. These volunteers are needed weekdays after school or during evening hours at the Earl Paltenghi Youth Center, 1525 Waller St. (between Belvedere and Clayton).

To participate as a tutor please call D. Thomas, Educational Coordinator, Tom Anderson, or Reverend Bill Miller. Telephone 661-1870 or 566-2416.

The Paltenghi Youth Center is a United Crusade agency located at Hamilton Methodist Church Gym.

Acid Dissolves Gallstones

San Francisco General Hospital is one of the nine medical centers selected to participate in a national cooperative trial of medical treatment of cholesterol gallstone disease (cholelithiasis).

The study, beginning in January 1975 will test the efficacy of chenodeoxycholic acid in dissolving cholesterol gallstones, thus providing an alternative to surgery in some cases. This acid is a natural product excreted by the normal human liver.

Ninety patients will be included in the study and they will each be treated with chenodeoxycholic acid or a placebo for two years. The entire study will be completed on June 30, 1978.

The National Institutes of Health will fund the Treatment Center. Director of the center at SFGH is Dr. William H. Admirand, Chief of Gastroenterology, SFGH, and Associate Professor of Medicine, UCSF. Dr. William J. Banfield of the staff of the Division of Gastroenterology at SFGH and Assistant Professor of Medicine, UCSF, is the Associate Director of the Treatment Center.

Cholesterol gallstone disease is an important medical and economic problem in the United States. Studies suggest that about 12 million females and 4 million males have gallstones. Cholelithiasis accounts for 5,000 to 8,000 deaths annually and the total cost of illness from this disease approaches 1 billion dollars annually. About 800,000 new cases develop each year; approximately half of these individuals ultimately have surgery.

Claire Wray

Elections

Hibbard E. Williams, M.D., Vice Chairman and Professor of Medicine, UCSF, and Chief of Medical Service at SFGH since 1970, has been elected Secretary-Treasurer of the American Society for Clinical Investigation for the period 1974-77.

During his term of office, Dr. Williams will conduct the duties of Secretary-Treasurer from an office at San Francisco General Hospital. Current President of the Society is Eugene Braunwald, M.D., of Peter Bent Brigham Hospital, Boston, Mass.

Founded in 1909, the Society has a membership of 1,400 to 1,500 physicians in the United States and Canada, and other countries. Eighty new members are elected annually on the basis of "meritorious original investigation in clinical or allied sciences." Active membership is limited to physicans under age 45; those over 45 become emeritus members. The Society publishes the "Journal of Clinical Investigation;" promotes clinical research and the publication of scientific papers, many of which are presented by invitation at its Annual Meeting each May.

Dr. Williams was elected to membership in the Society in 1969 and in 1965 was elected a Diplomate of the American Board of Internal Medicine. He is widely known for research in the field of genetic diseases, and was Chief of the UCSF Department of Medicine's Division of Medical Genetics, 1968-70. From 1972-74, he served as Chief of Staff of the SFGH Executive Medical Committee.

F. William Blaisdell, M.D., UCSF Professor and Vice-Chairman of Surgery and Chief of Surgery at SFGH, has been elected Chief of Staff and Chairman of the Executive Committee of the SFGH Medical Staff. He succeeds Hibbard Williams, M.D., SFGH Chief of Medicine, in this important office .

Howard Shapiro, M.D., Associate Professor of Medicine, was elected Vice-President of the Medical Staff board. Elected to represent the Clinical Faculty were Marcus Conant, M.D., Assistant Professor of Dermatology, and Robert N. Smith, M.D., Assistant Professor of Obstetrics and Gynecology.

As the newly elected President of the Clinical Faculty Association, R. Elgin Orcutt, M.D., Associate Professor, Ob-Gyn, also serves on the Medical Staff Board. Also elected to the Committee on Ambulatory Patient Care was Stacy Mettier, Jr., M.D., Associate Clinical Professor of Ophthalmology.

Awards

Phillip Goldstein, M.D., SFGH Chief of Obstetrics and Gynecology, was invited to present the Ninth Annual Leon Foster Memorial Lecture Sept. 12 at George Washington University School of Medicine, St. Louis, Mo. . . . Donald Minkler, M.D., recently reviewed the National Family Planning Program for the Jamaican government and Edwin Gold, M.D., recently developed a Maternal and Infant Health Program for Zaire, Central Africa.

James Holcroft, M.D., Resident, Surgery Service, SFGH, has received the Resident's Research Award from the Association for Academic Surgery as well as the Bakersfield Surgical Society award for his paper on "Lung Water and Hemhorragic Shock."

Frank M. Yatsu, M.D., Chief of Neurology at SFGH, presented a paper, "Brain Lipid Changes During Ischemia," Sept. 4, in Milan, Italy, at the Twelfth World Congress of the International Society For Research.

New Appointments

John R. T. Reeves, M.D., has joined the staff of the Medical Service at SFGH as Assistant Chief, Division of Dermatology. He was formerly in charge of the clinical training program for Hahnemann Medical College, Philadelphia, Pa. Dr. Reeves has been appointed UCSF Assistant Clinical Professor of Dermatology.

William Hoskins, D.D.S., of the Dental Unit, SFGH Division of Outpatient and Community Services, has been appointed Assistant Professor, Department of Operative Dentistry, UC School of Dentistry.

Frank Hinman, M.D., has been elected President of the Medical Staff of the UC Hospitals and Clinics. Dr. Hinman, Professor of Urology, succeeds Ephraim P. Engleman, M.D., in this office. Dr. Engleman, Professor of Medicine, and Chief of the Arthritis Clinic, was elected to a new two-year term as a member of the Committee on Ambulatory Patient Care.

Richard Fine, M.D., of the Department of Medicine, director of the Prison Ward at SFGH, is the project director of a new program to improve health care services at City Prison and the County Jails. The $230,000 grant was awarded through Dr. Francis Curry, Director, Department of Public Health, by the Department of Health, Education and Welfare.

Melvin D. Cheitlin, former Chief of the Cardiovascular Service at Walter Reed Army Hospital, has joined the faculty at SFGH as Assistant Director of the Cardiopulmonary Unit and Director of the Cardiac Outpatient Clinic.

Family Forum

The Family Health Center of the San Francisco General Hospital, headquarters of the Family Practice Residency Program of the University of California at San Francisco, renews its invitation to attend the San Francisco Family Forum, twice-monthly year-around cycle of conferences on family processes and family change.

The conferences are held at the Carr Auditorium (Pathology Building, 22nd Street) of the San Francisco General Hospital every other Thursday, from 11:00 to 12:30. The next speakers at the San Francisco Family Forum will be:

October 3: Robert Massad, M.D. (U.C. San Francisco), Robert Belknap, M.D. (Mill Valley, CA), Nick Grace, M.D. (F.P.R.P., Santa Rosa) and Isidro Quiroga, Ph.D. (U.C. San Francisco): "Thinking Family in Family Practice"

October 17: A. Russell Lee, M.D. (U.C. Berkeley): "The Inpatient Family Therapy of Acute Schizophrenia Without Drugs"

October 31: Elsa Ten Brook, M.S.W. (Director, Extended Family Center, San Francisco): "The Extended Family Center—an Innovative Treatment Center for Child Abuse"

For further information, please phone the coordinator of this series, Dr. Carlos E. Sluzki, at the Family Health Center: 648-8200, Ext. 461.

Claire Wray

Artificial Lung To Be Tested

A newly developed "artificial lung" that provides oxygen to the blood in patients with acute respiratory failure, will be tested in the Intensive Care Unit at SFGH beginning October 1.

SFGH and Presbyterian Hospital of Pacific Medical Center are among the nine medical centers selected for the national cooperative study to test the EMCO (extracorporeal membrane oxygenator). The approximately one-half million dollar, three-year contract has been awarded to SFGH by the National Heart and Lung Institute of the National Institutes of Health. Principal investigators are Dr. Arthur Thomas, Chief of Thoracic Surgery, and Dr. Frank Lewis, Associate Director, Intensive Care Unit.

At Presbyterian Hospital the contract has been awarded to Dr. J. Donald Hill, a cardiovascular surgeon and Senior Research Member, Heart Research Institute, Pacific Medical Center, who has had extensive experience in treating patients with acute pulmonary failure.

The membrane oxygenator will be used in the ICU at San Francisco General to treat patients who develop lung failure as a result of massive injuries or other causes. Many of these patients die from lung failure even when the chest is not directly injured. The use of the artificial lung will provide an alternative method of support, allowing the patient's normal lung function to be restored. Dr. Richard Schlobohm, Director and Dr. James Lindauer, Associate Director of the Intensive Care Unit, will also participate actively in the project.

Claire Wray

Book Notes

Three members of the Medical Service faculty at SFGH, who share a humanistic concern for alcoholic patients as well as expertise on the medical aspects and treatment of alcoholism, are co-authors of a new book, "Alcohol As A Drug."* They are Charles Becker, M.D., Director, Alcohol Detoxification Unit and head of the Division of Clinical Pharmacology; Robert L. Roe, M.D., Director, Drug Detoxification Unit; and Robert A. Scott, M.D., neurologist.

This is the first comprehensive treatise of its kind dealing with pharmacology, neurology, and toxicology, as they relate to alcoholism. Addressed primarily to physicians, this attractive, informal book also is palatable to lay readers. In the foreword, the authors describe their threefold mission:

"First, we want to provide useful but presently not readily available information in one volume to physicians who care for alcoholic patients. Second, we want to help dispel some reluctance that many doctors feel with alcoholic patients by pointing out some of the intriguing problems and presenting practical solutions. Third, we want to help the alcoholic patients themselves—those who have a hard enough time getting along without encountering ignorance, hostility and rejection as they seek medical advice."

*Medcom Press, 114 pp. New York, 1974

Aggeler Lecture

E. Kolsanoff

Judith Pool, Ph.D., distinguished Stanford University School of Medicine researcher, will deliver the Fifth Annual Aggeler Memorial Lecture at SFGH.

Judith Pool, Ph.D., Professor of Medicine, Stanford University School of Medicine, will be the Fifth Annual Paul M. Aggeler Visiting Professor at SFGH. On Tuesday, October 8, at 11 a.m., in Carr Auditorium, she will speak on her research on hemophilia during her recent sabattical year at Oxford University.

Dr. Pool's studies of blood coagulation have led to significant advances in treating hemophilia, the hereditary ailment which causes excessive bleeding. In 1964, she developed a simple method of extracting from normal blood the protein that is needed most by hemophiliacs. The technique, called cryoprecipitation, involves precipitating the protein from frozen plasma and then thawing it for use. It was licensed for commercial use in 1970.

A leader in promoting opportunities for women in in the field of medicine, Dr. Pool was the first co-president of the Association of Women in Science, 1971-72. She is the wife of Maurice Sokolow, UCSF Professor of Medicine and former Chief, Division of Cardiology.

The Aggeler lecture honors the late Professor of Medicine who served as Chief of Hematology at SFGH from 1963-69. Dr. Aggeler was recognized as a world authority in the field of coagulation.

Claire Wray

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Inside

Research at the Francis I. Proctor Foundation for Research in Ophthalmology focuses on diseases of the eye that cause blindness. 1

Researchers have found a simple molecule in blood that stimulates human growth. One researcher states that it . . . "may fit like a key in the lock of a cell's surface to stop or start the cell's growth." 3

Mothers who have babies with birth defects react in different ways to these infants. The special problems and needs of these mothers are outlined 3

Pharmacists at UCSF consult with physicians to avoid harmful drug reactions for patients. It's all part of a "satellite pharmacy" system that was initiated in 1966. 4

Many elderly and sick people are helped by members of a local group who call themselves Special Friends. 6

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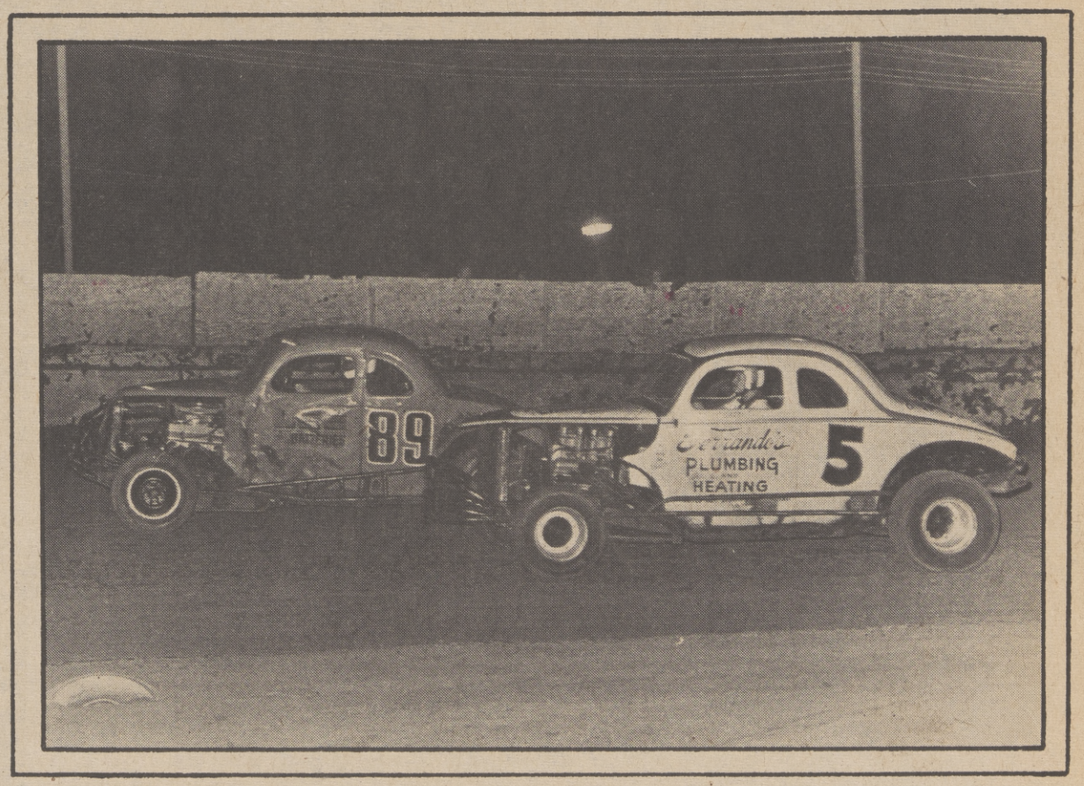

Special Drivers Race to Help Children (see page 13)